



TEL: 718-374-5072

www.allboroprop.com

FAX: 718-374-5073

RESIDENT SELF PERFORMED MAINTENANCE REQUEST

RESIDENT NAME: _____

ADDRESS: _____ UNIT: _____

CITY: _____ DATE: _____ TIME: _____

CONTACT TEL: _____ (please provide the best number to reach you and an alternate number)

ALTERNATE TEL: _____

I request permission to perform the following repairs to my leased premises myself. I understand that, if approved, all items must be performed in a professional manner and meet the standards acceptable to Agent. Additionally, I acknowledge that all items requiring a licensed technician, including but not limited to electrical/plumbing work, will be performed by a licensed tradesman/contractor.

Please describe in detail the items to be considered.

LOCATION	WORK TYPE	DESCRIPTION

Tenant name

Tenant signature

Date

Upon execution of this request, please return to our office.

****OFFICE USE ONLY****

AGENT ACTION

APPROVED _____ DENIED _____ DATE: _____

Reason: _____

